Clinical Medicine Insights: Dermatology

CASE REPORT

Chondrodermatitis Nodularis Chronica Helicis

Engin Şenel

Clinic of Dermatology, Çankiri State Hospital, 18200 Çankiri, Turkey. Email: enginsenel@enginsenel.com

Abstract

Objective: Presentation of chondrodermatitis nodularis helicis chronica that is an uncommon but important differential diagnosis for particular benign and malignant tumours.

Case report: A 32-year-old woman presented with a painful, hyperkeratotic nodule on her left antihelix. The lesion was treated with cryotherapy and resolved completely.

Conclusion: Chondrodermatitis nodularis helicis should be considered as an important differential diagnosis for skin tumours and cryotherapy may be a good alternative in selected cases with an excellent cosmetic outcome to the surgery although surgery is still the mainstay of the treatment of this condition.

Keywords: chondrodermatitis nodularis helicis chronica, CNCH, cryotherapy, surgery

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Introduction

Chondrodermatitis nodularis chronica helicis (CNCH) is a painful condition characterized by a small, tender nodule of the external ear. The aetiology and pathogenesis of CNCH remain obscure. Although there are several treatment options reported in the literature, none of them has been accepted as a treatment of choice.[1]

Case Report

A 32-year-old woman presented to our outpatient clinic with a 9-mm painful, hyperkeratotic nodule on her left antihelix (Fig. 1). She stated that she could not sleep due to the pain of her ear. The nodule was extremely tender to light touch. She had no history of trauma to the area of the lesion. Her medical history was not significant. A diagnosis of CNCH of the external ear was made. Biopsy was not performed. The patient was treated with cryotherapy. After two cycles of therapy with a 3-week interval between treatments, pain of the patient was relieved and the lesion was completely healed without any scar. No recurrence was observed at 1-year follow up.

Discussion

CNCH was first described by Winkler in 1915.[2,3] Winkler theorized that the lesion was due to degenerative changes of the cartilage of ear and these changes acted as an inflammatory effect to the skin.[3] Munnoch et al suggested that repeating minor traumas to the helix caused a chronic inflammation of the cutis and perichondrium, and this inflammation progressed to a vascular failure.[4] Although exact pathogenesis is unknown for CNCH, the proposed triggering factors include actinic or cold injury, trauma, and pressure during sleep.[5]

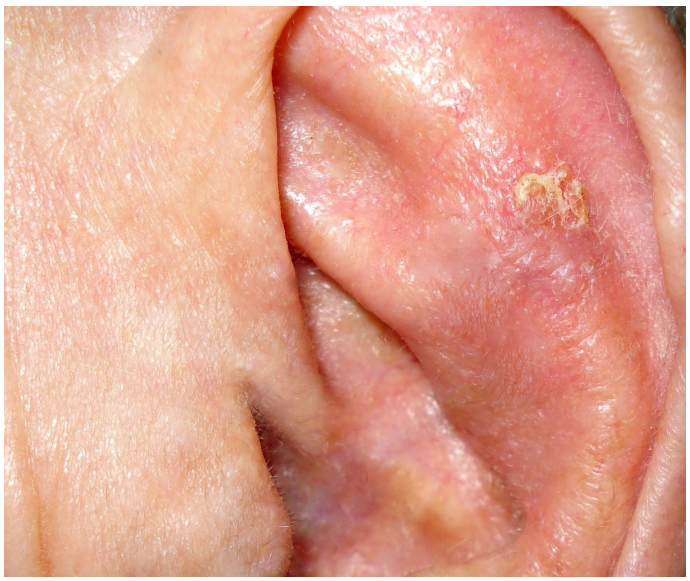

Figure 1. A painful nodule on the left antihelix.

The disorder is characterized by a tender inflammatory nodule most often appeared on the helices of men or antihelices of women over 40 years of age. CNCH has a male predominance (male/female ratio of 10:1).[2]

Differential diagnosis includes various benign and malignant disorders. The most confusing lesions are basal cell and squamous cell carcinomas. These tumours are hardly ever as painful as the nodule of CNCH. Actinic keratosis, cutaneous horns and warts may present a similar appearance without tenderness.

There have been several surgical and non-surgical treatment options for CNCH. Treatment modalities are topical and intralesional corticosteroid (triamcinolone acetonide) therapy, intralesional collagen application, cryotherapy, CO_2 laser ablation and surgery. Surgical excision is still the gold standard therapy for CNCH. Nonsurgical treatment options have a great risk of recurrence. Although surgical treatments are most often recommended in the literature, even with the wide excision of cartilage recurrence rate was reported in up to 10% of the patients.[5]

CNCH is a common and benign disease and it should be kept in mind in the patients presenting with an intense ear pain.

Disclosure

This manuscript has been read and approved by the author. This paper is unique and is not under consideration by any other publication and has not been published elsewhere. The author reports no conflicts of interest.

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